Community Awarness ON DIARRHOEA MANAGEMENT IN Madhya Pradesh

A REPORT

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PREFACE

Diarrhoea is an important illness of childhood, which is responsible for nearly one third of deaths in children under five years of age. In addition, it contributes to development and precipitation of malnutrition in this vulnerable age group. Hence, this important public health needs serious attention.

Madhya Pradesh has taken a lead through the Rajiv Gandhi Mission for Control of Diarrhoeal Diseases to tackle this problem in a time bound manner. Its IEC and social mobilization activities have brought diarrhoea on the forefront of the development agenda of not only the Government, but also the non-Government agencies and Panchayats.

The ultimate success lies in bringing about the desired behavioural change in the diarrhoea management at home by the community. ORS, the simple, cheap and effective remedy to prevent and treat fatal dehydration resulting from diarrhoea, has to be known to mothers. It has to be made available within easy reach of the community.

This evaluation was undertaken in Madhya Pradesh with the cooperation of the Department of Health Services. We thank all the Divisional Joint Directors, Chief Medical Officers, District Immunization Officers and the team of Health staff, who helped in data collection. We are grateful to Dr Alok Shukla, IAS, Dr (Ms) Rita Mathur and Dr Alok Chaurasia for their help in the logistics and data analysis.

We hope the findings would help in reviewing the current status and in planning thrust areas to achieve the goal of diarrhoea control in the State.

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1. INTRODUCTION

Diarrhoea is an important public health problem and among the predominant causes of childhood mortality in India. It has been estimated that nearly one third of childhood mortality is due to diarrhoea. Diarrhoea also accounts for almost one third of paediatric out patient and 40% of paediatric admissions in the hospitals during the peak season, i.e., June to September. In addition, it contributes significantly to the prevailing high IMR, of 98 per 1,000 live births, in Madhya Pradesh.

The Rajiv Gandhi Mission for the Control of Diarrhoeal Diseases was launched by the Government of Madhya Pradesh in August 1994, with the objective of reducing diarrhoea related mortality and morbidity. The strategy of the Mission is to :

1. Reduce deaths due to diarrhoea by prompt and adequate rehydration by ORT by educating the community, specially the mothers, on the need to give extra fluids to the child during diarrhoea.
2. Reduce the occurrence of diarrhoeal disease by increasing awareness in the community about water sanitation and proper methods of waste disposal.
3. Prompt action for control of outbreaks of diarrhoea by increasing surveillance in the field and laboratory testing of fecal samples for cholera and shigella.

A base line survey of the prevalence of diarrhoea and the knowledge, attitude and practices (KAP) related to diarrhoea management was conducted in the State from January to March, 1995. The results of this survey showed that most of the mothers were not aware of the need to give extra fluids during diarrhoea. Awareness of ORS was also very low. Only 4% of the rural and 14% of the urban mothers were aware of ORS. This highlighted the need for educating the masses about ORT and management of diarrhoeal disease.

The Mission then initiated steps to popularize the use of ORT and effective management of diarrhoea among the medical staff as well as the community. An intensive information, education and communication (IEC) drive was launched all through the State between April and June, 1995.

This was a unique campaign in terms of its magnitude and distribution, based strongly on educating and mobilizing the community through interpersonal communication. The objective of the campaign was two fold. Firstly, to create awareness in the community about diarrhoeal disease its home management through ORT/ORS and timely referral in serious cases. Secondly, to mobilize the community and the Panchayats to take steps to prevent and control diarrhoea and resultant deaths.

These above activities were carried out at two levels. At the village level, the campaign was through volunteers, who covered nearly 28,000 Panchayats, on diarrhoea management and demonstration of ORS preparation and use of bleaching powder and Chlorine tablets, to make water safe for drinking. They also identified about 60,000 depot holders of ORS in almost all the villages. These interpersonal communication activities were backed by the Rath Yatras, which formed the second level of activities undertaken during the campaign. Four Raths were flagged off from different parts of the State which covered all the 459 Blocks in a short span of two months. These video Raths, with trained folk artists and volunteers, gave cultural performances incorporating the health messages in the local dialect. They also distributed letters written by the Hon'ble Health Minister to all the Panchayat Members, hand bills and other printed literature on diarrhoea management and its control.

After a gap of almost a year of this intensive IEC campaign, it was considered essential to assess the level of perception about diarrhoea management, availability and use of ORS and the health seeking behaviour of the people. The information so generated

would help in deciding about the thrust of future activities. Therefore, a household level survey was carried out along with the Pulse Polio Immunization (PPI) evaluation in the State.

2. OBJECTIVES

The objective of this survey was to assess the awareness of diarrhoea management, availability and use of ORS and the pattern of health seeking behaviour among the families of children under three years age.

3. METHODOLOGY

A random cluster sampling technique (WHO) was used to select the sample. On the basis of 1991 population, 60 clusters were selected throughout the State. This was done by the Institute of Medical Statistics (IRMS), Indian Council of Medical Research, New Delhi, for the PPI evaluation in the State. A list of the selected villages and urban wards is given in Annexures-I & II.

For the urban sample, two major towns of Bhopal and Indore were chosen, which alone have a population more than ten lakhs. In each of these towns, 30 clusters were similarly selected using the lists and populations of the identified slums, to study the urban poor groups.

In each of the selected clusters, 20 children in the age group of 0-36 months were identified using a random procedure. For this, in each cluster all the hamlets or mohallas were initially listed after discussing with the local community leaders. From this list, four of them were chosen using random numbers. In each of these four hamlets or mohallas, five children of the above age group were chosen. In clusters which had less than four of these hamlets or

mohallas, all of them were chosen for the survey and the number of children equally distributed.

Random number tables were used to reach the first household. Then the adjoining households were approached till the desired number of children were reached. This was done in order to give a fair representation to all the socio-cultural groups living in the identified cluster.

Thus, it was proposed to cover a sample of about 1,200 children in the State sample and an equal number in the urban slums.

Data was collected by trained investigators. A pretested questionnaire was used. The respondednt was mother of the identified child. If she was not available at home, any other responsible member of the household or the caretaker was interviewed. Period of data collection was 10-22 March 1996.

The data thus collected from the State and the urban samples was analyzed using computer. The State sample by and large consisted of rural areas while the urban sample represented the urban poor.

4. RESULTS & DISCUSSION

The results of the study are given as under.

4.1 Population Characteristics

A total of 2,461 children from 2,367 households were surveyed. Of these 1,219 households were from the State sample and 1,148 from the slums. Of the total 2,461 children surveyed, 1,233 were from the State sample and 1,228 from the urban areas.

The age distribution of the children surveyed is given in Table-1. It was seen that they were almost equally distributed in the three age groups of 0-12, 13-24 and 25-36 months.

Table-1

Age Distribution of Children

Age in Months	State Sample		Urban Sample	
	No.	%	No.	%
< 12	439	35.6	428	34.8
13-24	422	34.2	394	32.1
25-36	372	30.2	406	33.1
Total	1233	100	1228	100

The sex distribution of the surveyed children is given in Table-2. In both the samples, the proportion of females was a little lower than that of males. However, these differences are in accordance with the 1991 Census. The sex distribution for urban poor populations followed the State pattern.

Table-2

Sex Distribution of Children

Sex	State Sample		Urban Sample	
	No.	%	No.	%
Male	636	52	627	51
Female	597	48	601	49
Total	1233	100	1228	100

The religion distribution of the surveyed population is given in Table-3. It was seen that in the urban areas, Muslims constituted about one fifths of the total population, whereas in the State sample only 3% of the families were Muslim. The high proportion of

Muslims in the urban sample was probably because of inclusion of Bhopal and Indore, which have a high proportion of Muslims.

Table-3

Religion Distribution of Children

Religion	State Sample		Urban Sample	
	No.	%	No.	%
Hindu	1176	96	924	75
Muslim	39	3	260	21
Others	18	1	44	4
Total	1233	100	1228	100

The Hindu population was further divided into the categories of Scheduled Caste, Scheduled Tribe and others. It was observed that the proportion of tribals in the State (24%) and the urban sample (17%) were as per the 1991 Census data.

The education status of the family, particularly the mothers', is known to influence the home management of diarrhoea. It was seen that 57% of the mothers in the State sample were illiterate while in the urban sample, 35% were illiterate. This matches well with the literacy differentials observed in the rural and urban areas of the State.

Thus the State as well as the urban samples were comparable with the general population of Madhya Pradesh and there was no sampling bias.

4.2 Management of Diarrhoea

The mothers were asked about the action they take when their

child gets diarrhoea and whether they consider it a potentially serious illness needing any intervention. A majority of the mothers replied in the affirmative and take steps to manage it (Table-4). In the State sample only 9% of the mothers didnot take any action, while in the urban sample their proportion was only 3%.

On an overall basis, 44% of the mothers sought treatment from a Government facility, including the Health Workers and an almost equal proportion (42%) from the Private Practitioners. In the State sample, 40% sought advice of a Private Practitioner, whereas in the urban sample this proportion was slightly higher (44%). An important point emerging from this is that the Private Practitioners, both the rural and urban areas, are being approached for treatment by a vast segment of the community.

Table-4

Action Taken During Diarrhoea

Action Taken	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Govt. Facility	544	45	490	43	1034	44
Pvt. Doctor	491	40	506	44	997	42
Home Remedy	207	16	251	22	458	19
None	110	9	29	3	139	6

The mothers giving home treatment for diarrhoea were further probed to know what exactly was used. It was observed that 36% of them used ORS while and another 41% used the Sugar Salt

Solution (Table-5). Thus a total of 77% of the mothers who gave home treatment were using ORT for diarrhoea management. This is a very encouraging finding. In the two sets of data, this proportion was 59% for the State and 93% for the urban sample who were giving ORT, indicating more thrust that has to be given for IEC activities in the rural areas.

A larger proportion of mothers in the State sample (33%) were using home remedies than the urban areas (5%). This indicates that people in the rural areas try home remedies more than in urban areas.

Table-5

Home Treatment During Diarrhoea

Action Taken	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
ORS	59	26	108	45	167	36
SSS	75	33	116	48	191	41
Home Med.	73	33	12	5	85	18
Others	17	8	6	2	23	5
Total	224	100	242	100	466	100

4.3 Knowledge & Use of ORS

The respondents were asked about their knowledge of ORS and whether they had actually seen the packet. They were later shown a packet of ORS to know whether they recognized it. While the overall level of ORS awareness was 76%, a higher proportion of urban (97%) than the State (58%) respondents were aware of ORS (Table-6).

When this was compared with the baseline survey conducted by the Rajiv Gandhi Mission, it was seen that awareness of ORS has considerably increased in both the rural as well as urban areas. In that survey, only 4% of the rural and 14% of the urban mothers were aware of ORS. However, the wider awareness gap in rural areas needs to be bridged.

Table-6

Knowledge of ORS

Response	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Yes	633	58	927	97	1560	76
No	458	42	28	3	486	24
Total	1091	100	955	100	2046	100

The respondents were asked whether they knew when ORS was to be used. A greater proportion in the urban (82%) as compared to the State (56%) sample gave a correct response, with an overall average of 68% (Table- 7).

About the actual use of ORS for diarrhoea, 21% said that there was no such occasion to use it (Table-8). The proportion of this group in the urban sample was 27% and 15% in the State sample.

On an overall basis, of those who had an occasion to use ORS, 59% had actually used it for diarrhoea (Table-8). The usage rate for the State sample was lower (48%) than that for the urban sample (74%). This indicates that a higher proportion of urban population had translated the awareness into practice.

Table-7

Knowledge of when ORS is used

Response	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Diarrhoea	683	56	918	82	1601	68
Others	505	41	207	18	712	30
Do not Know	31	3	2	0	33	2
Total	1219	100	1127	100	2346	100

Table-8

Usage Rates of ORS

Response	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Yes	493	48	618	74	1111	59
No	544	52	216	26	760	41
Not Needed	182	15	314	27	496	21
Total	1219		1148		2367	

Availability of ORS is a crucial issue in home management of diarrhoea. Easy accessibility to ORS was reported to be 66% (Table-9). In the State sample it was 58% while in the urban sample it was much higher (76%). ORS was primarily available at health centres, both in the State as well as urban sample. Thus, there is a need to expand the ORS distribution to a community based network.

Table-9

Availability of ORS

Available with	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Health Centre	533	44	546	48	1079	46
Sarpanch	51	4	17	2	68	3
Shop	60	5	152	13	212	9
Others	60	5	150	13	210	9
Total Available	704	58	865	76	1569	66

4.4 Feeding during Diarrhoea

A total of 315 children in the study had not yet started receiving semisolids and were excluded from this analysis. As regards feeding during diarrhoea, it was seen that more than half (58%) of the mothers continued to give food to their children in normal or more than normal quantities (Table-10). In the State sample this proportion was 53%, whereas in the urban sample it was 62%. The mothers need to be educated on the food requirement of children during diarrhoea and other infections so that malnutrition infections can be prevented since the malnourished children are at a greater risk of developing severe and even fatal disease.

Information on breastfeeding during diarrhoea was also collected. Mothers who were not breastfeeding were excluded from this analysis. There were 971 mothers in the State sample and 118 in the urban sample who were nursing their children at the time of the survey. At the face of it, there is an indication that the practice

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of breastfeeding might be lower in the urban sample in comparison with the State sample. This would need further study in view of the importance of breastfeeding in prevention of infections and malnutrition among children.

Table-10

Feeding During Diarrhoea

Feeding During Diarrhoea	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Less than Normal	489	47	376	38	865	42
Normal	552	53	569	57	1121	55
More than Normal	5	0	51	5	56	3
Total	1046	100	996	100	2042	100

Table-11

Breastfeeding During Diarrhoea

Breast feeding During Diarrhoea	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Yes	903	93	88	75	991	91
No	68	7	30	25	98	9
Total	971	100	118	100	1089	100

It was seen that a majority of the mothers continued breastfeeding their children (Table-11) during diarrhoea. However, a larger proportion (25%) in the urban sample than the State (7%) reportedly stopped it. Thus, there is an urgent need to promote breastfeeding under all circumstances, particularly among the urban slums.

4.5 Source of information

The respondents were asked to mention the source from where they got the information about diarrhoeal disease and its management. For almost 60% of the State sample, it was the Health Worker or the Doctor, while in the urban sample this proportion was 48%. Television emerged as an important media in the urban areas (42%) as compared to the State sample (16%).

Table-12

Source of Information on Diarrhoea

Source of information	State Sample		Urban Sample		Total	
	No.	%	No.	%	No.	%
Health Worker	547	45	369	32	916	39
Doctor	186	15	188	16	374	16
ORT Campaign	275	22	191	17	466	20
News Paper	31	2	16	2	47	2
TV	190	16	497	42	687	29
Family Member	66	5	116	10	182	8

The ORT campaign, was reported to be the source by 20% of the mothers. This distribution was 22% in the State sample and 17% in the urban sample.

Newspapers didnot emerge to be important in spreading information on diarrhoea management. This is understandable in view of the low female literacy in Madhya Pradesh.

5. SUMMARY AND CONCLUSIONS

Along with the PPI evaluation, an assessment of the perception of diarrhoea management, availability and use of ORS and health seeking behaviour of the community was undertaken by UNICEF, Bhopal. This investigation was undertaken in March 1996, in Madhya Pradesh. A total of 120 clusters were studied, of which 60 represented the State and the remaining clusters from two towns of Bhopal and Indore, representing the urban poor, living in the slums.

The main observations are summarized below:

5.1 A majority of the mothers perceived diarrhoea to be an important illness and took steps to manage it. About 44% of them sought treatment from a Government facility and 42% went to a private doctor. The role of private practitioners, including the indigenous systems of medicine, in management of diarrhoea was substantial, both in the rural as well as urban areas. Therefore, this group needs to be mobilized for appropriate diarrhoea management. The existing professional bodies could play a significant role in this.

5.2 In the home management of diarrhoea, the practice of ORT was found to be much higher in the urban areas, indicating the need to orient the rural masses on this aspect.

5.3 Awareness of ORS was observed in 76% of the respondents. As compared to the baseline survey where it was only 4%, there has been a significant increase in knowledge of ORS. This can be attributed to the intensive campaign undertaken by the Mission and other ongoing IEC activities. However, in view of lower levels of awareness in the rural (58%) as compared to the urban slums (97%), there is need to sustain IEC activities.

5.4 Availability of ORS in near proximity was reported by 66% of all the respondents, more in urban (76%) than rural (58%). It still is primarily health institution based. Efforts will be required to expand the ORS availability close to the community to ensure its timely use. ORS depot holders need to be created at village level with the involvement of the Panchayats. ORS marketing network also needs to be expanded in rural areas.

5.5 The overall ORS use rate in diarrhoea cases was found to be 59%. It was higher in urban (74%) than rural (48%) areas. This confirms that with an increase in knowledge, the use of ORT and ORS also increases, as seen from the differential trend in the State and urban samples.

5.6 Information on the need to give the child extra food during diarrhoea needs to be stressed further, as only 58% of the mothers continued to give normal or more than normal food.

5.7 While a majority of the mothers continued to breastfeed their child during diarrhoea, it was seen that 7% of the rural and as many as 25% of the urban mothers stopped nursing their child. Thus, there is a need to promote breastfeeding under all circumstances. This has to be taken-up more vigorously among the urban poor. The indication of low levels of breastfeeding is a serious matter needing immediate intervention.

5.8 Health personnel were the main source of information about diarrhoea management. In the urban areas, TV appeared to be an important source information. The ORT campaign seemed to have generated good awareness in the community. Thrust through all media channels need to be sustained and Panchayats and elected representatives in urban areas mobilized for a greater participation for motivating their respective communities.

Thus it may be concluded that there has been a considerable improvement in perception of the community regarding diarrhoea and its management. The use of ORS/ORT has also gone up, particularly in the urban areas. There is a need to sustain IEC efforts for bringing about a lasting change in the behaviour of mothers on home management, including the feeding practices, so that the associated malnutrition can be prevented. Simultaneously, there is a need to strengthen the distribution of ORS through community sources.

ANNEXURE - I

CLUSTERS IDENTIFIED FOR SURVEY

STATE SAMPLE

S.No.	District	Block	Village/Ward
1	Morena	Ambah	Beelpur
2	Morena	Vijaypur	Rawatpur
3	Bhind	Mehgaon	Gaora
4	Gwalior	Bhitarwar	Chinour
5	Datia	Seondha	Basajeev
6	Shivpur	Pichchore	Badarwas
7	Guna	Mungawali	Sitapur
8	Tikamgarh	Baldeogarh	Lucharra
9	Chhatarpur	Bada Malehra	Tikariya
10	Panna	Panna UA (ii)	Panna Gird (OG)
11	Sagar	Deori	Maharajpur
12	Damoh	Jabera	Mudari Tejgarh
13	Satna	Amarpatan	Teondhari
14	Rewa	Sirmour	Beeda
15	Rewa	Rewa (MC)	Hospital Ward
16	Shahdol	Anuppur	Reunda
17	Sidhi	Sihawal	Phadi Chak Tendua
18	Mandsaur	Jawad	Nayagaon
19	Mandsaur	Ratangarh (M)	Kila Ward
20	Ratlam	Tal (M)	Mukherji Ward
21	UJjain	Nagda (M)	Gurunanak Ward
22	Shajapur	Shujalpur	Rupahedi
23	Dewas	Khategaon	Manora
24	Jhabua	Kattiwada	Bokdiyam
25	Dhar	Kukshi	Lunare
26	Indore	Mhow	Jamniya
27	Indore	Indore (UA)	Ward NO.55
28	Khargone	Rajpur	Sangwi

S.No.	District	Block	Village/Ward
29	Khargone	Khargone (M)	Ravindra Ward
30	Khandwa	Burhanpur	Sangampur
31	Rajgarh	Narsinghgarh	Panjra
32	Vidisha	Lateri (NA)	Maharana Pratap Ward
33	Bhopal	Bhopal (MC)	Shahpura Ward
34	Sehore	Budni	Neemkhedi
35	Betul	Bhimpur	Khatapani
36	Betul	Betul Bazar	Kailash Ward
37	Hoshangabad	Itarsi (UA)	Asfabad Ward
38	Jabalpur	Patan	Khajri
39	Jabalpur	Jabalpur (UA)	West Belbag Ward
40	Narsinghpur	Narsinghpur	Dhana
41	Mandla	Bichhiya	Katajar
42	Chhindwara	Moh Khed	Gadarwara
43	Seoni	Lakhnadon	Ganeshganj
44	Balaghat	Khairlanji	Atri
45	Balaghat	Balaghat (UA)	Vivekanand Ward
46	Surguja	Bhaiyathan	Karkoli Naya
47	Bilaspur	Marwahu	Darri
48	Bilaspur	Korba	Beiushma
49	Bilaspur	Nawagarh	Kanhai Bazar
50	Bilaspur	Mengeli (UA)	Tilak Ward
51	Raigarh	Sarangarh	Kedar
52	Rajnandgaon	Bodla	Chimra
53	Rajnandgaon	Amba Chowki	Kaudikasa
54	Durg	Patna	Ganiyari
55	Durg	Bhilai Nagar	Supela
56	Raipur	Bilaigarh	Pawani
57	Raipur	Pithora	Gonch
58	Raipur	Sihawa	Khutar
59	Bastar	Charamar	Gitpahar
60	Bastar	Bastar	Bastar

ANNEXURE - II

CLUSTER IDENTIFIED FOR SURVEY

URBAN SAMPLE

S.No.	Town	Mohalla
1	Bhopal	Rustam Khan Ka Hata
2	Bhopal	Bag Munshi Hussain Khan
3	Bhopal	Chhola Road
4	Bhopal	Sudama Nagar
5	Bhopal	Govindpura (BHEL)
6	Bhopal	Anna Nagar (BHEL)
7	Bhopal	Barkhedi Pathani
8	Bhopal	Sanjay Nagar Colony
9	Bhopal	Jharneshwar Colony
10	Bhopal	Roshanpura Jhuggi
11	Bhopal	Om Nagar
12	Bhopal	Sewa Sadan
13	Bhopal	Panchayat Sanchanalaya Jhuggi
14	Bhopal	Pampapur
15	Bhopal	Krishna Nagar
16	Bhopal	Lal Ghati
17	Bhopal	Hamidia Hospital
18	Bhopal	Jai Prakash Nagar
19	Bhopal	Rusalli Village
20	Bhopal	Barbai Jhuggi
21	Bhopal	Bag Sevania
22	Bhopal	Acharya Narendra Deo Nagar
23	Bhopal	Sudama Nagar
24	Bhopal	Barkhedi Harijan Colony
25	Bhopal	Om Nagar
26	Bhopal	Sanjay Nagar
27	Bhopal	Bag Mugalia
28	Bhopal	Arera Colony

S.No.	Town	Mohalla
29	Bhopal	Gautam Nagar
30	Bhopal	Bag Farhar Afja
31	Indore	Meghdoot Nagar
32	Indore	Sabid Nagar
33	Indore	Lala Ka Bagicha
34	Indore	Shivaji Nagar
35	Indore	Firoz Gandhi Nagar
36	Indoe	North Toda
37	Indore	Daulat Ganj
38	Indore	Goma ki Jail
39	Indore	Azad Nagar
40	Indore	Bijalpur
41	Indore	Balda Colony
42	Indore	Bhavna Nagar
43	Indore	Malviya Nagar
44	Indore	Vinoba Nagar
45	Indore	Katkat Pura
46	Indore	Martand Nagar
47	Indore	Sarva Hara Nagar
48	Indore	Hira Nagar
49	Indore	Lal Gali
50	Indore	Bhagirath Pura
51	Indore	Gadra Khedi
52	Indore	Govind Kharpa
53	Indore	Mahavir Nagar
54	Indore	Labiria Bhoro
55	Indore	Chandan Nagar
56	Indore	Chhoti Kumhar Wadi
57	Indore	Balmiki Nagar
58	Indore	Kulkarni Ka Bhatta
59	Indore	Bhil Paltan
60	Indore	Sanjay Gandhi Nagar

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